

Winter 2003

Volume 3, Issue 4

## Anthrax Affects Our Nation's Capital and the STD Control Program

The STD Control Program has always been confronted with the prospect of adjusting to and addressing emerging considerations. Most often this involved being aware of and dealing with resistant pathogens, positioning the program to take advantage of new or recently available technology, or identifying the resources to do both. But the aftermath of 9/11 has given new meaning as well as urgency to the concept of emerging conditions/considerations. Indeed, the anthrax outbreak made this abundantly clear.

Because of their people skills and community expertise, STD staff were among the first to be called

upon to provide assistance in addressing public health concerns rooted in the anthrax outbreak. Involvement included, but was not limited to, medication dispensing and counseling; locating clients and obtaining field serology samples; data input; literature distribution; recording medication side effect or adverse reactions, and general counseling of those who had been potentially exposed.

Expressions of gratitude are extended to those staff who unselfishly gave of their time, energies, and expertise during a period of crisis.

## Study Recommends Hepatitis B Vaccine at the STD Clinic

Approximately ten years ago, the Centers for Disease Control and Prevention (CDC) recommended that the Hepatitis B (HBV) vaccination series be given to high-risk persons attending STD clinics. The new CDC treatment guidelines have clear recommendations on who should receive the HBV vaccine.

Firstly, the CDC states that "all persons attending STD clinics and persons known to be at high risk for HBV infection should be offered HBV vaccine and advised of their risk for HBV infection and the means to reduce their risk."

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***"He who conceals his disease cannot expect to be cured."***

*African Proverb*

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## Clinic Services

The Southeast STD Clinic is located on the grounds of the District of Columbia General Hospital, 19<sup>th</sup> & Massachusetts Avenue, SE. The clinic is open Monday through Friday, 8:00 a.m. to 3:00 p.m. All services are free. The phone number is (202) 698-4050. The clinic staff

Performs routine STD testing diagnosis and treatment for :  
syphilis, gonorrhea, confidential testing for HIV infection and other sexually transmitted diseases and conditions such as chlamydia, trichomoniasis, and non-specific urethritis.

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**Study Recommends Hepatitis B Vaccine at the STD Clinic**

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Secondly, eleven priority population groups are explicitly recommended for the HBV vaccine. One of those is "sexually active heterosexual men and women, including those a) in whom another STD was recently diagnosed, b) who had more than one sex partner in the preceding 6 months, c) who received treatment in an STD clinic, and d) who are prostitutes." Two other very important groups are sexually active homosexual and bisexual men (men who have sex with men) and injection users.

Individuals who visit the STD clinic and have more than one sex partner comprise approximately 90% of the STD clinic patient population in DC. Another large group of our patient population has had a history of STDs or has received treatment for STDs in the past. Together, these groups comprise the vast majority of the STD clinic population. In short,

the DC STD clinic is the ideal location to identify patients at risk for Hepatitis B (HBV). HBV virus is transmitted through contact with blood and body fluids from an infected person. Acute symptoms of HBV include: loss of appetite, tiredness, muscular pain, yellowing of the skin and eyes (jaundice), diarrhea, and vomiting. Individuals with HBV infection are at risk for chronic liver disease, liver cancer, and death. HBV causes 6,000 deaths annually in the United States.

The SE STD Clinic of the District of Columbia conducted a prevalence study to determine whether it is cost effective to screen patients for HBV. During a four-week period (February 21 to March 16, 2001), the SE STD Clinic screened a total of 547 patients (217 females, 330 males) for HBV. One hundred twenty-six patients tested positive for Anti HBc (HBV core antibody). Fifty-one were females and 75 were males. This represents prevalence rates of 23.50% and 22.72% of the females and males, respectively. Prevalence rates of

HBV in males and females (by positive anti HBc) at the S.E. STD Clinic.

**Patients/Females-217**

**Positives-51**

**Prevalence of HBV-23.50%**

**Patients/Males-330**

**Positives-75**

**Prevalence of HBV-22.72%**

**Total-547**

**Positives-126**

**Prevalence of HBV-23.03%**

Immunity from HBV is obtained by a series of three vaccines occurring at zero (0), one (1), and four to six (4-6) months. Knowing that STD patients have a poor history of compliance, practitioners typically express concern about return visits to complete the vaccination series.

Sources: Dr. Shukdeo Sankar, Medical Director of the SE STD Clinic and Lara Lamprecht, Special Programs Coordinator, STD Control Program.

**New 2002 CDC Treatment Guidelines Critical to Preventing Health Consequences for Sexually Transmitted Diseases**

On Friday, May 10, 2002, the Center for Disease Control and Prevention (CDC) issued national guidelines designed to help health care providers protect their patients from the health consequences that result from sexually transmitted diseases. They include recommendations on the most effective treatment regimens, screening procedures and prevention strategies for STDs, which infect an estimated 15 million people each year in the United States. CDC revises the guidelines periodically, (every 4 years) using a scientific evidence-based review process. This is the fifth CDC edition of the guidelines, which were first published by CDC in 1982.

Some of the significant recommendations found in the guidelines include:

- Rescreening for Chlamydia protects women from infertility. The guidelines advise health care providers to annually screen sexually active adolescent and young adult women, even if symptoms are not present, and to screen older women with a risk factor for chlamydia.
- New serological tests are available to help diagnose Genital Herpes. New testing procedures may help providers with diagnosing and managing genital herpes type 1 or 2.

- The use of Nonoxynol-9 (N-9) recent studies have found that frequent use of N-9, a spermicide contraceptive, can cause genital lesions (in the vagina) and, therefore, may increase the risk of HIV transmission. It has also been found to cause damage to the lining of the rectum, providing an entry point for HIV and other STDs.

You may access the new STD treatment guidelines online at [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment).

Source: MMWR new CDC treatment guidelines, May 10, 2002.

## New Faces

**Dr. Karyn Berry**, Chief of Communicable Diseases, (STD, Immunization, Refugee Health) recently joined the Department of Health.

**Dr. Bruce Furness** recently joined the STD Control Program as a Medical Epidemiologist.

**Paula Renee Williams** joined the Division of STD Control as Public Health Educator. Paula, originally from New York City, New York, came to us from Children's Hospital where she was a Health Educator.

**Cutina Tyler** and **Jontae Byrams** joined the STD Control Program as our new clerical staff persons. They have been trained to administer all information into our STDMIS system.

**Francoise Uwimana** also joined the STD Control Program, serving in the capacity of Disease Intervention Specialist, (DIS). DIS are trained health professionals who practice STD intervention at the impact point with patients, sex partners, and others suspected of having STDs.

## Statement to all Health Providers Regarding STD reporting

Since a significant portion of the population we serve originates from neighboring states, it is essential that providers include complete demographic and treatment information on patients that are reported with an STD.

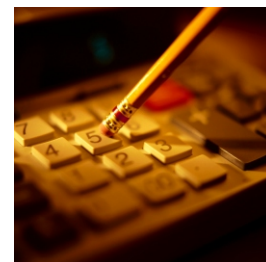
This is necessary to enable our Surveillance Unit to assign morbidity based on the patient's state of residence and determine valid case rates of STD infections for the District of Columbia.

Remember, you must submit a report to STD Surveillance within 48

hours after diagnosis or the appearance of symptoms (clinical or laboratory) with the following information:

- location of the case.
- patient's name, date of birth, address, phone number, sex and race.
- physician's names.
- name of laboratory, if applicable.
- diagnosis and treatment.
- sign/symptoms.
- time of onset.
- other pertinent information, i.e., pregnancy status.

STD follow-up reports are to be forwarded to the STD Surveillance Unit via fax (202) 727-4934 or mail to 717 14<sup>th</sup> Street NW, Suite 750, Washington, D.C. 20005. For questions regarding STD reporting criteria, please contact us at (202) 727-9863.



## Syphilis Coalition Outreach Activities

While syphilis elimination is a priority, Coalition efforts address all STDs. Over a year's time the membership and direction of the coalition has developed. The coalition is comprised of community volunteers, organizational

representatives, and providers. The coalition conducts its own activities, as well as provide direction and advice to the STD Control Program.

The coalition is slowly but surely coalescing. Some of the activities recently sponsored by the coalition include: distributing condoms to local bars and night clubs on Thursday, February 14, 2002; Participating in the AHEC Health Fair at JC Nelle Elementary School on Saturday, April 27, 2002; placing safer sex posters in adult video store; and disseminating condoms in heavy commercial sex areas and strip clubs in various neighborhoods.

The coalition will continue to share safer sex messages at various health fairs throughout the District of Columbia and support the community through educational endeavors.

### STD NOTES

STD Notes, the newsletter of the STD Control Program, Department of Health (DOH) is a semi-annual publication for DOH employees, community based organizations and neighborhood health care facilities.

The District of Columbia  
Department of Health  
825 North Capitol Street, NE Washington,  
DC 20002

James A. Buford  
Director, Department of Health

Michael Richardson, M.D.  
Senior Deputy Director for Primary Care  
Prevention and Planning

Karyn Berry, M.D. MPH, Chief, Bureau of  
Communicable Diseases

John Heath, Program Manager

Paula Williams, Publications Editor

## Did you know?

Globally, an estimated 333 million new cases of curable STDs occur each year among adults according to 1995 estimates by the World Health Organization. STDs in the United States have reached epidemic proportions with an estimated 12 million new cases each year. Of these, 3 million occur among teenagers, 13 to 19 years old. STDs are the most common reportable diseases in the United States.

Source: CDC/STD Prevention web site

## Hotlines

National STD Hotline (Monday-Friday, 8:00 a.m. to 11:00 p.m. EST)  
800-227-8922

National AIDS Hotline (7 days a week, 24 hours/day) 800-342-2437

STD Control Program Hotline 202-832-7000 (24 hours a day)

### NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

## STD Trend Updates

The DC STD Control Program continues to realize progress in its quest to achieve its long-term goal of preventing and controlling the spread of sexually transmitted diseases in the District of Columbia. Program accomplishments through education, outreach, screening, and surveillance resulted in a 47% decline in early syphilis, from 492 reported cases in 1996 to 260 cases in 2001. Similarly, gonorrhea case reports in Washington, DC declined 35%, from 4407 to 2883 cases, between 1996 and 2001.

In spite of continuing downward syphilis and gonorrhea morbidity trends for the last several years, much work remains to be done. In 2001, the District's infectious syphilis and uncomplicated gonorrhea case rates per 100,000 population were 7.5 and 504.0, respectively. This compares to respective rates of 7.1 and 521.4 in 2000. During 2001, the District ranked 19th for rates of chlamydia, 12th for gonorrhea and 13th for primary and secondary syphilis among U.S. cities with populations over 200,000. Respective

relative rankings for 2000 were 15, 13, and 13.

A critical review of available data re-emphasizes the need to focus STD prevention/ treatment efforts and resources on several high-risk groups, i.e., persons practicing risky behavior in the 15-44 age groups.